

Exhibit E

MEDICAL REPORT OF DUTY STATUS

PATIENT'S NAME	ROJAS - JAMES, Arturo		
ADDRESS	HOSPITAL IDENTIFICATION NO. 000-000-0000-0000		
INPATIENT	INCLUSIVE DATE OF TREATMENT From: 5/07/07	Through: 10/07/07	TIME DEPARTED A.M. / P.M.
OUTPATIENT	TIME ARRIVED	DATE	DATE
DISPOSITION	DATE	DATE	DATE
REMARKS	Can resume usual occupation To return to clinic OTHER (Specify)		
REMARKS		Can perform limited duties as specified under REMARKS	
REMARKS		To be hospitalized	

NAME AND LOCATION OF HOSPITAL OR CLINIC

MDC-BROOKLYN

SIGNATURE OF MEDICAL OFFICER RECEIVED LIBRARIAN

Bottom right:
Bart Brook
for medical release
S. BROOKLYN PA
MDC-BROOKLYN

NAME AND LOCATION OF HOSPITAL OR CLINIC

MDC-BROOKLYN

SIGNATURE OF MEDICAL OFFICER RECEIVED LIBRARIAN

Bottom right:
Bart Brook
for medical release
S. BROOKLYN PA
MDC-BROOKLYN

Exhibit F

Manhattan Neurosurgical Associates, P.C.

Alan Hirschfeld, M.D.
Athok Ansari, M.D.
Raj Murali, M.D.
Joseph Demattia, M.D.

St. Vincent's Hospital/Manhattan
Department of Neurosurgery
10 West 12th Street, Suite NR 809
New York, New York 10011
1 212.604.7767 Fax 212.604.3206

February 18, 2008

Johanna S. Zapp
12 East 86th Street, Suite 434
New York, NY 10028

NARRATIVE REPORT

Re: Arturo Rojas-James
Date of Admission: 01-12-2008
DOB: 04-17-1950

To Whom It May Concern:

Arturo Rojas-James was first examined by me at Luthetan Medical Center on January 12, 2008. He is a 57-year-old prisoner who was reportedly found in his cell by his cellmates unresponsive. The patient was intubated on arrival due to his altered mental status.

On my evaluation, he was already intubated. There was no eye opening to stimuli. His left pupil was 5mm and non-reactive, and his right pupil was 3mm and non-reactive. He only had reflexive movements of flexion to deep stimuli.

CT scan of the brain was performed, demonstrating a large left-sided subdural hematoma with left-to-right shift, consistent with his neurological exam.

The patient was given Mannitol in an effort to reduce his increased intracranial pressure, and then taken emergently to the operating room for a left-sided decompressive hemicraniectomy and evacuation of the subdural hematoma. A large bone flap was removed and not put back. It was placed in his abdomen in an effort to give his brain room to swell. Post-operatively, the patient remained intubated and was subsequently weaned from the ventilator over the next few days. He has made a remarkable recovery while in rehabilitation, and on February 5, 2008, returned for retrieval of the bone flap from the abdomen and placement on his skull.

In summary, Mr. Rojas-James suffered a severe closed head injury requiring a left-sided decompressive hemicraniectomy and evacuation of the underlying subdural hematoma.

ROJAS-JAMES, Arturo
NARRATIVE REPORT

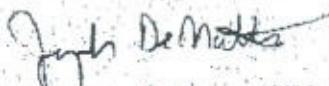
-2-

February 18, 2008

He subsequently had his bone flap replaced a few weeks later. He has made a remarkable recovery, though he continues to have some cognitive deficits.

If you should have any further questions, please call my office at (212) 604-7767.

Sincerely yours,



Joseph A. DeMatta, MD

JD/sg

**Demographics**

Patient Name: ROJASJAMES, ARTURO MR #: 00011910: 3
 DOB: 04/17/1950 Age: 57 Sex: M Home Phone: 718840421)
 Address: 100 29TH STREET
 BROOKLYN, NY 11232

Visit

Att. Physician:	DEMATTIA, JOSEPH	Pat. Location:	3C
Acct:	0803200905	Adm. Date:	02/05/2008
Adm. Dx:	HISTORY DECOMPRESSIVE CARNIOTOMY	Dis. Date:	02/08/2008
		Working Dx:	HISTORY DECOMPRESSIVE CARNIOTOMY

REPORT DETAILS

SURGEON: 12255 JOSEPH DEMATTIA, MD

DATE: 02/05/2008

PREOPERATIVE DIAGNOSIS: Cranial defect.

POSTOPERATIVE DIAGNOSIS: Cranial defect.

OPERATION:

Retrieval of bone flap from the abdomen.

Left frontotemporoparietal cranioplasty.

INDICATIONS: The patient is a 57-year-old male, who had a subdural hematoma evacuated, as well as a craniectomy. The patient returned for retrieval of the bone flap from his abdomen, and left frontotemporoparietal cranioplasty.

ANESTHESIA: General endotracheal.

PROCEDURE: Patient was brought into the operating room, and after placing appropriate monitoring lines, underwent smooth rapid sequence intubation. Patient was positioned supine with the head turned to the right. The hair was shaven, prepped with Betadine, and the abdominal area was also shaven, and prepped with Betadine, and draped in the usual sterile manner.

We began with the incision in the abdomen, then retrieval of the bone flap. Incision was made with a 10-blade scalpel through his skin and subcutaneous tissue. Bovie electrocautery used to dissect down through the subcutaneous tissue. The bone flap was easily identified. Two self-retaining retractors were inserted into incision to open the wound. Using blunt dissection, we were able to get around the entire bone flap, and it was carefully removed. Bleeding was controlled with bipolar electrocautery. The area was irrigated multiple times with antibiotic-impregnated normal saline solution. At this point, it was packed with an antibiotic-soaked sponge, and attention was turned to the cranial incision.

Incision was made with a 10-blade scalpel through the skin and subcutaneous tissue.

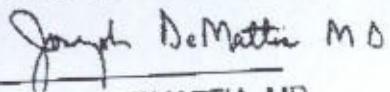
Incision was made with a 10-blade scalpel through the skin and subcutaneous tissue. Bovie electrocautery was used to dissect down to the bone. The flap was then carefully reflected.

Bovie electrocautery was used to dissect down to the bone. The flap was then carefully reflected.

Bleeding was controlled with bipolar electrocautery, as well as thrombin-soaked Gelfoam, and Surgicel. Parts of the brain were exposed and were covered with DuraGen. The bone was secured with cranial plates and screws. The area was irrigated multiple times with antibiotic-impregnated normal saline solution. The bone flap was secured with cranial plates and screws. Once again, the area was irrigated with antibiotic-impregnated normal saline solution. No. 7 flap JP drain was placed in the subgaleal space. Incision was closed with 3-0 inverted Vicryl suture and staples on the skin. The abdominal incision was

Case 1:05-cr-00708-AKH Document 84-3 Filed 02/22/2008 Page 7 of 11

closed with 3-0 inverted Vicryl sutures and staples on the skin. Sterile dressings were applied. All sponges, needles, instruments counts were accounted for at the end of the case. The patient was allowed to awaken from anesthesia and taken to recovery room in stable condition.



JOSEPH DEMATTIA, MD

Attending/Surgeon

JD/5552144

DD: 02/05/2008 19:37

DT: 02/06/2008 07:18

SSI File#: 012255119103302102052008193402538

Job #: 90122

Physician Signature: DEMATTIA,JOSEPH, MD Signature Date: 2/06/2008







